

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813
or P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: (808) 587-0460 FAX: (808) 587-0470
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THIS SPACE FOR OFFICE USE ONLY

NOTE: This is a public document.

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LOBBYIST REGISTRATION FORM STATE OF HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Lyons	Timothy	L.	808-537-4308
MAILING ADDRESS (Street)			FAX 808-533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyonshawaiiintel.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-3304	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
TLC-The Legislative Center			808-537-4308
MAILING ADDRESS (Street)			FAX 808-533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiintel.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-3304	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Subcontractors Association of Hawaii			808-567-5619
MAILING ADDRESS (Street)			FAX 808-533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiintel.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Timothy L. Lyons			808-537-4308
MAILING ADDRESS (Street)			FAX 808-533-2739
1188 Bishop St., Ste. 1003			EMAIL timlyons@hawaiiintel.net
(City)	(State)	(Zip Code)	
Honolulu	HI	96813-3304	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

1/13/13

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Timothy L. Lyons	President

NAME OF ORGANIZATION (if applicable)
Subcontractors Association of Hawaii

TELEPHONE
808-537-5619

MAILING ADDRESS (Street)
1188 Bishop St., Ste. 1003

FAX 808-533-2739

EMAIL
timlyons@hawaiiantel.net

(City)
Honolulu

(State)
HI

(Zip Code)
96813-3304

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/13/13

(Date)